

Weekly Fire, Safety & Sanitation Inspection

Inspector:		Shift:	
Date/Time:		Facility:	

Fire Safety:

Y	N	N/A		Review Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Fire exits are clearly marked and unobstructed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Trash been removed daily and receptacles cleaned daily.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Walking aisles and hallways are cleared w/exits completely unobstructed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Fire extinguishers are in place, charged and tested by the fire department or contractor quarterly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Fire diagram and evacuation plans are available and posted for viewing in each area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Work and storage areas are uncluttered and all loose paper and materials have been removed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Water main shut-off instructions posted on plumbing near bathroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Staff and youth know evacuation routes and procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Smoke detectors working properly and tested by the fire department or designated staff weekly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Alarm is on and tested by the fire department or designated staff quarterly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Annual inspection by state or local fire authority. Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	

General Safety:

Y	N	N/A		Review Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	All cleaning materials (mops, brooms, detail carts etc.) are stored properly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	Objects are placed on shelves so they don't wobble or cannot fall and heavy items are stored on middle or lower shelves.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	There is no evidence of rodents, bugs, or other pests.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	No trip hazard's (cords, boxes, garbage cans, papers other materials do not pose a trip hazard)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	All plugs, cords and electrical outlets are in good condition (no loose fittings or frayed cords etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	There are no noted unauthorized tools, materials, or chemicals present.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	Staff persons know their responsibilities and the actions to take in case of a disturbance and in case of emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	Food and drinks are kept out of restricted areas (near bio-hazard etc) and stored/sealed properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	Protective gloves and other personal protective equipment (aprons, face shields, and biohazard clean-up etc.) are available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	The emergency medical kit is stored properly and stocked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	Biohazard containers are positioned properly, clear of other materials (food, paper, and/or clothing) and not more than ½ full.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	MSDS sheets are accessible and complete.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	All chemicals are stored properly and the chemical cabinet is locked.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	HAACP Forms Completed (food temperature checks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	Meat Storage in compliance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	Cooler Storage in Compliance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	Temperature charts up-to-date (coolers and freezer)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	Dry Storage in Compliance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	Staff and offenders observed following safe food handling and other safety practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Heavy items are stored on middle or lower shelves.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	All trailing electrical and other cords have been placed so that they do not pose a trip hazard.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Procedure book is accessible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Inventory lists posted at storage areas match items stored in the area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	Test water temperatures for 120 degrees or below
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Annual kitchen sanitation inspection. Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	Carbon Monoxide detectors are working properly and tested by designated staff weekly

Sanitation: (Cleanliness and upkeep of area is acceptable)

Y	N	N/A		Review Item	Y	N	N/A		Review Item
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	Tables T/B/Legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	Toaster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	Upstairs Bedrooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	Cooler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	Downstairs Bedrooms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	FTC Dorm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	Reach-in Cooler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	MTC Upstairs Bathroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	MTC Downstairs Bathroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	Vent Hood Screens N/S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	FTC Bathroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	Dishwashing Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	Day Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61	Dining Area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62	Hallways
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63	Laundry Room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	Micro-Wave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	Office (MTC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	Food storage bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65	Office (FTC)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66	

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Notes/Observations:

[illegible]

Resolution statement: (completed by supervisor; indicate action taken and/or work order submitted)

[illegible]

Inspector:

Date

Supervisor:

Date